



## UTAH CATTLE HEALTH ASSURANCE PROGRAM (UCHAP)

### VETERINARY VERIFICATION

Farm Name: \_\_\_\_\_ Herd Owner: \_\_\_\_\_

Verifying Veterinarian: \_\_\_\_\_ Utah License #: \_\_\_\_\_

Best Management Practices:

1. Is there an accurate animal identification system in place?      Yes      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Is there a record of all health events?      Yes      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Is there a procedure in place to minimize the risk of disease when animals are purchased or re-enter the herd?      Yes      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Is there a procedure in place to prevent feces from being ingested, especially by young animals?      Yes      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

5. Is the equipment used with animals or their feed clean?      Yes      No

Comments: \_\_\_\_\_

6. Do visitors and advisors have clean clothing and disinfect their boots?

Yes      No

Comments: \_\_\_\_\_

\_\_\_\_\_

7. Is manure managed to eliminate run-off?

Yes      No

Comments: \_\_\_\_\_

\_\_\_\_\_

8. Is there a procedure in place to prevent antibiotic and chemical residues in milk and beef?

Yes      No

Comments: \_\_\_\_\_

\_\_\_\_\_

9. Are the cows in a low-stress, comfortable environment?

Yes      No

Comments: \_\_\_\_\_

\_\_\_\_\_

We certify that the above information is valid:

Herd Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Herd Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Please return this to: UCHAP  
Utah Department of Agriculture and Food  
P.O. Box 146500  
Salt Lake City, Utah 84114-6500